

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Mark W. Perlin

Application No.: 09/262,506

2 506

Filed: 03/02/1999

Group No.: 1631

Examiner: Mary K. Zeman

For: METHOD AND SYSTEM FOR GENOTYPING

Commissioner for Patents Washington, D.C. 20231

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is other than a small entity.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee:

\$920.00

# FEE FOR CLAIMS

# CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10\*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

# MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Washington D.C. 20231 37 C.F.R. § 1.8(a) 37 C.F.R. § 1.10\*

X with sufficient postage as first class mail.

#### TRANSMISSION

 $\square$  facsimile transmitted to the Patent and Trademark Office, (703)

gnature L. Milka

Date: 10/8/02

Tracey L. Milka

(type or print name of person certifying)

<sup>\*</sup> Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

•	(Col. 1)	(Col. 2) HIGHEST NO PREVIOUSLY PAID FOR		(Col. 3)  PRESENT EXTRA		OT	OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT						RATE			ADDIT. FEE		
TOTAL	16	_	20	=	0	х	\$	18.00	=	\$	0.00	
INDEP.	1		3	=	0	х	\$	84.00	=	\$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1 +	\$	0.00	=	\$	0.00	
							AD	TOTAL DIT. FEE		\$	0.00	

No additional fee for claims is required.

#### **FEE PAYMENT**

5. Attached is a check in the sum of \$920.00.

A duplicate of this paper is attached.

## FEE DEFICIENCY

6. An additional extension and/or fee is required, charge Account No. 19-0737.

An additional fee for claims is required, charge Account No. 19-0737.

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